

# Menai High School

## Excursion Permission Form



Care and Commitment

Dear Parents/Caregivers,

Date: 26<sup>th</sup> March 2019

An excursion has been arranged for your son/daughter as follows:

Subject: Geography                      Class: 12                      Excursion date: Tuesday 14<sup>th</sup> May 2019

Venue: Appin, Claymore, Campbelltown, Cabramatta, Rhodes

Time of departure from school: 8.30am                      Expected time of return to school: 3:20pm

Mode(s) of transport: Coach

Outline of excursion: Urban Fieldwork tour of Sydney

Instructions: Students to follow ALL instructions and complete fieldwork booklet on the day

School Uniform: Yes                      PE Uniform: No

Clothing/equipment: Full school uniform, clipboard, pen, wet weather gear

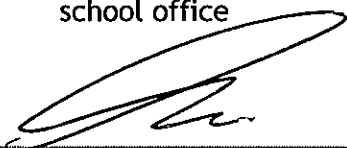
Food: Can either be purchased or provided from home

Cost: \$25 (Please note that this covers both coach costs and coloured work booklets for remaining topics)

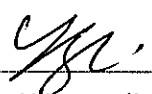
Payable by: 7<sup>th</sup> May

Please return the following to school:

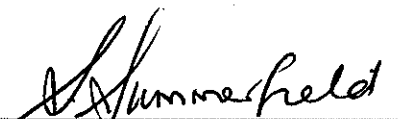
1. The completed Student Excursion Authorisation form to Ms Summerfield or Ms Garden
2. The excursion fee in an envelope with name, class excursion and fee written on the front to the school office



Barney Ellevsen, Principal



Y Mazoudier Head Teacher



S Summerfield Teacher-in-Charge

-----Please tear off and return to school -----

### Student Excursion - Authorisation Form

Name: ..... Class: 12 Geography

Excursion: Urban Fieldwork tour of Sydney                      Date: 14<sup>th</sup> May 2019

**Is there any medical information that staff should know about? Y/N**

Please specify: .....

.....

I authorise my son/daughter to attend the above excursion and give permission, in the event of an accident, for the school to take appropriate action.

Signed:..... (Parent/Caregiver)                      Date: .....

# Menai High School



Care and Commitment

## Medical Information

(Confidential - Available only to the Teacher-in-Charge)

Student's Name: .....

Organising Teacher: Ms Summerfield

Excursion: Urban Fieldwork tour of Sydney

Date: 14<sup>th</sup> May 2019

Home Address: .....  
.....

Date of Birth: ..... Telephone: .....

Medicare No. ....

### Emergency Contact Numbers

Father's Business No: ..... Mother's Business No: .....

Other contacts: Name: ..... Phone: .....

Name: ..... Phone: .....

Name of Student's Doctor: ..... Doctor's Phone No.....

Medical Condition (including anaphylaxis and allergies): .....

Physical disabilities: .....

Special foods: .....

Medication being taken: .....

Special treatment needed in an emergency: .....

Emergency medication NOT to be given: (e.g. Penicillin) .....

Activities to be avoided by this student: .....

Any other relevant information: .....  
.....

### ~~Water or Swimming Activities~~ (Please tick) NOT APPLICABLE

In relation to the proposed water or swimming activities: I give permission/I do not give permission for my child to participate in water/swimming activities. I advise that my child is a:

- Strong Swimmer
- Average swimmer
- Poor swimmer
- Non-swimmer